

**SURVEY ON HEALTH INSURANCE
COVERAGE IN WISCONSIN**

Ref: Section 601.42, Wis. Stat.



State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Name of Company

**FORM 1—INSURED BUSINESS
(Enrollment as of January 1, 2006)**

Insured Business Type of Plan	Group		Individual		Totals
	Number of Participating Employees	Number of Dependents Covered	Number of Individual Policyholders	Number of Dependents Covered	
1. Health Maintenance Plans					
2. Point of Service Plans					
3. Preferred Provider Plans					
4. Indemnity Plans					

* If the exact number of dependents insured is not known, please estimate and indicate that it is an estimate.

Name of Contact Person

Phone Number of Contact Person

Return by May 26, 2006, to:
Jean Terry
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873
Fax: (608) 264-6237
E-mail: jean.terry@oci.state.wi.us

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**FORM 2—ADMINISTRATIVE SERVICES ONLY BUSINESS
(Enrollment as of January 1, 2006)**

Administrative Services Only Business Type of Plan	Group		Individual		Totals
	Number of Participating Employees	Number of Dependents Covered	Number of Individual Policyholders	Number of Dependents Covered	
1. Health Maintenance Plans					
2. Point of Service Plans					
3. Preferred Provider Plans					
4. Indemnity Plans					

* If the exact number of dependents insured is not known, please estimate and indicate that it is an estimate.

Name of Contact Person

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